



## Sheltered housing in Windsor, Maidenhead and Ascot: A case study of a joint project led by WAM CCG

This case study describes how Windsor, Ascot and Maidenhead CCG is working with sheltered accommodation providers to identify common problems and work towards incremental solutions. Reducing hospital readmissions, knowing the right people, opening doors and asking tenants what would make the biggest difference to them – are just some of the current initiatives.

Q: What do you get if you connect health, housing and social care staff and services and challenge them to improve a service one job at a time?

A: Surprises. Problems. Solutions. Results. You get it done!

Written for the Housing Learning and Improvement Network by **Caroline Yeoman**, Programme Manager, Windsor, Ascot & Maidenhead Clinical Commissioning Group.

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## When will we see them again...?

*“When we got everyone together, the biggest eye opener for hospital nurses, doctors and other health care staff was finding out live-in wardens don’t exist in sheltered housing schemes any more. So when they discharge an elderly resident that person is often going home to an empty, cold flat with no food in. Unsurprisingly, in lots of cases, it’s not long before they’re back in hospital.”*

This, says Caroline Yeoman, of Windsor, Ascot and Maidenhead Clinical Commissioning Group (WAM CCG) was the catalyst for choosing the first big job for a new project, she heads, dedicated to improve the lives of local people who live in sheltered housing.

The local project launched in May 2014. What it hopes to achieve is to provide a single thread that ties and connects people working with sheltered housing residents and the residents they serve.

*“We want to join up the way we work and in so doing, improve the lives of sheltered housing residents. We are all about agreeing common problems and finding solutions to them – in short getting it done...”* said Caroline.

Improving hospital discharges was the unanimous choice for job number one and also a key objective for WAM CCG.

*...reduce the number of tenants being re-admitted to hospital within 0-7-30 days...*  
(key objective WAM CCG, 2015)

## How it all began

Money, or saving it, was the initial springboard for the NHS funded project. Non-elected hospital admissions are a drain on already over-stretched hospital funds. However, avoiding unnecessary hospital admissions and help keep our ageing population healthy, in their own homes, and freeing more hospital beds is a priority area in the NHS 5 Year Forward View.

As always there’s a human story behind the financial one. Out of a total population of 146,335 (2011, Census data) within the Royal Borough of Windsor and Maidenhead the numbers in sheltered housing is relatively low.

*“We’re not talking about lots of people, in figures it’s less than 1,000. But they are people who have become almost invisible”,* said Caroline.

The average age of sheltered housing residents in the Royal borough is 76, 20% are over 90. Some work. Most don’t. Some are in big town centre apartment blocks, others in rural bungalows – yes, in pretty and quaint villages, but often with no bus service, shop, library, post office or other community gathering point.

Most live alone. While many are in flats or bedsits within large housing schemes, many are isolated and don’t mix with their neighbours.

*“We saw lots of lovely, but empty community lounges. In some cases it was a long trek to the main front door”,* said Caroline.

## Some background

Like many councils, the local unitary authority, the Royal Borough of Windsor and Maidenhead, has transferred its housing stock to be provided and managed by independent housing associations.

The council is still responsible for helping to plan for future social housing needs and, with the housing associations, for placing families in need of social housing in available homes. Sheltered housing provides older residents independent living with a limited level of support.

Until recent years that support included live-in wardens. However, nationwide there has been a move away from the need for resident wardens. The Royal Borough is part of that trend. Here, rather than “living in”, dedicated housing staff take responsibility for several sheltered housing schemes and manage them through regular visits and checks.

## No-one's home

*“What they (sheltered housing schemes) have is housing managers. In most cases responsible for several schemes. Their job is now more about the good maintenance and running of properties and less about the traditional personal care role,” said Caroline.*

*“And because they (hospital staff) thought there was a warden to sort things, residents were often being discharged without proper plans in place back at home.”*

*“Residents were discharged, sometimes late at night. Maybe they'd lied about having someone back at home? Maybe they said they'd told their family and hadn't? They would come home, maybe without a key to get in, because it had been misplaced somewhere en route. Maybe they'd left behind or forgotten important medicines or couldn't collect them? Maybe other important personal items, like false teeth, had been lost? And the flat hadn't been made ready for their return and there was no food in the cupboards. If this is what's happening...expect them back and soon...”*

## Making the bad good

Noticeable improvements began soon after health and housing staff got together through the WAM CCG sheltered housing project.

*“Now even bad hospital discharges can be made good. Staff and residents know how to make it good. That removes residents' fears of going into hospital in the first place – and of coming home,” said Lynne Huggins, Independent Living Team Leader for Radian, the borough's biggest social housing provider and a key partner in the WAM CCG sheltered housing project.*

*“Our residents are now aware that a bad discharge will be dealt with as they continue to see more joint working between housing schemes and hospitals,” she said.*

Jessica Wray, Community Services Team Leader from *Housing Solutions*, another local provider and the other key housing partner in the project underlined the importance of knowing who to talk with.

*“Instead of just going through the switch board and hoping - we now have the names of who we need to talk with and in most cases we've met them. And if we don't know, we now know someone who does, so issues are quickly and properly resolved,” she said.*

*“We are connecting with people we wouldn't normally get the chance to access, from high-up hospital consultants to surgery practice managers.”*

A unique benefit of the WAM CCG project is that it brings together strands that might otherwise be competing against each other – or working to conflicting goals and targets - and has them working together with the united aim of improving the lives of local people living in sheltered housing.

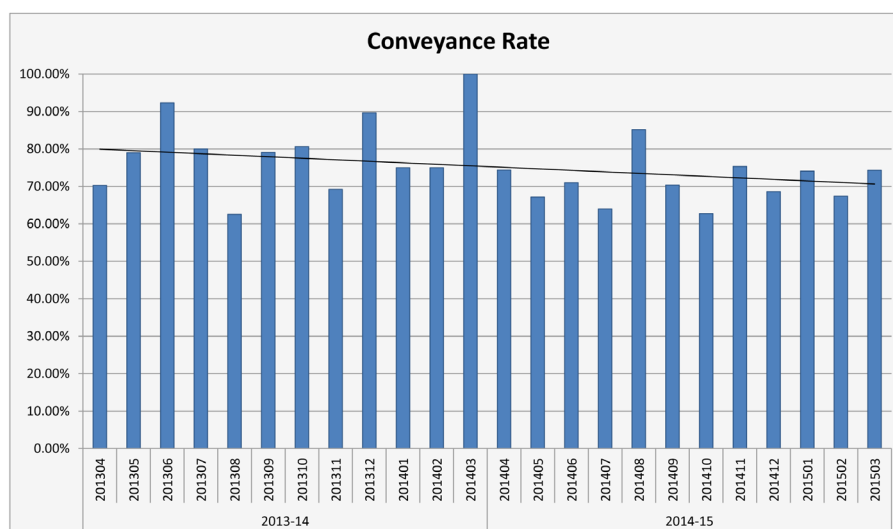
## A simple card

One practical solution to the bad discharge problem was to produce a wallet sized card, like a bank or credit card, with contact numbers, for residents of sheltered housing to carry with them at all times. This instant and easily accessible information has proved invaluable to both hospital staff and residents.

## Dashboard

Another practical aid comes via a NHS computer programme, 'Dashboard'. The system uses postcodes to measure hospital stays, ambulance call outs, and the key medical reasons for hospital admissions. Over time this builds trend data so services can be better shaped to meet the needs of residents and housing managers.

**SCAS conveyancing rates from WAM care homes**



*Fewer SCAS callouts to care homes resulting in NEL admissions - more treatment of patients on site with ongoing support of care home staff*

## Added value

The project is improving much more than the hospital discharge experience:

### **Better for staff**

There has been a knock-on good effect for staff by providing fresh ways to build their knowledge, skills, contacts and networks.

Said Jessica Wray of her housing staff team: *“For us working in housing, training tends to be about things like housing law and health and safety. The WAM CCG project has enriched that and allowed us to share training we would never ordinarily have had access to or invested in. Having these skills under our belts is really helpful for staff, residents and residents families.”*

Health training shared by housing staff so far has included: preparation for end of life, and bereavement and dementia support.

## **Better for residents**

Residents were in at the beginning when the project began. Collectively, better joint working has brought them:

- Invites to an inaugural day-long workshop showcasing all that's on offer locally to older people
- GP visiting service that residents can call to book same day routine GP appointments
- Coffee mornings combined with health surgeries – for example, flu jab clinics and falls prevention
- Lunches combined with talks on health issues – such as good skin care, keeping warm in winter, eating well on a budget and managing diabetes
- Better information about ways to use the ambulance and fire service.

*“Residents in trouble resisted calling for an ambulance because they thought it would automatically mean being taken to hospital. The ambulance service visited and explained that very often their paramedic staff could provide on-the-spot treatment, no hospital necessary. That instantly reassured them.”* Lynne Huggins.

- *Men in Sheds*, a Spring through to Summer gardening scheme (more at: [www.windsorascotmaidenheadccg.nhs.uk/men-in-sheds/](http://www.windsorascotmaidenheadccg.nhs.uk/men-in-sheds/)), and *Chips and Chat*, a lunch meeting Autumn and Winter alternative – two, men-only projects, aimed to get men talking and reaching out for any necessary help and support
- Opportunities to network more with other sheltered housing residents and to make links with care homes

But there are also individual success stories as a result of the renewed vigour for joint working through the project:

- Two residents from the Men in Sheds project enjoyed being busy again and as a result now have paid jobs.

*“One chap, one of our residents, came to an event. He got talking to Dr Chris Allan (local psychologist) and mentioned he was concerned he was drinking too much and that it was affecting his mental health. Afterwards Chris started working with him. Now he’s stopped drinking. He’s well and he’s got himself a job. He wouldn’t have reached out for help if he hadn’t been there at the time”* said Jessica Wray

- Another resident was saved from sleeping rough, because staff knew who to speak with to get him help.

*“He was drinking too much and was convinced he wasn’t safe in his flat. He was causing a nuisance to other residents. He thought someone was in his flat and threatening him. We persuaded him to go to his GP but he didn’t get the help he needed and we couldn’t intervene. He began sleeping in the nearby park. It was bitterly cold and we were all worried. I called Caroline (Yeoman) and asked what we could do. Because of the project she knew people in the Older People’s Advice Forum, community mental health team and police. She called on them to help and they did. He’s now back at home, taking his meds and all is well.”*



*Launch of 'Men in Sheds', Braywick Nurseries, Maidenhead, 3 March 2015*

## **What next?**

Improving the hospital discharge experience is this year's big job for the project – but what comes next to make lives better for residents living in sheltered housing?

*"We have to keep going with the better discharge work. Just as we think we're getting there staff change and we have to start again."* Caroline Yeoman

## **Moving on**

For some sheltered housing residents there will be a time when they need more day to day support than sheltered housing can provide. There is still a good deal of uncertainty and fear about moving into a care home – where 24-hour live-in help is available.

"We have to ask ourselves how we - health, housing and social care staff - can work together and with residents and their families to make that move as easy as possible," said Caroline Yeoman.

The project has already begun work on this next big task, including:

- Sheltered housing resident visits to care homes before they need them – *"...so they can see there're not so scary..."*
- Respite stays in care homes while adaptations take place at their own sheltered housing flats
- Sharing what works well in sheltered housing with care home staff colleagues and vice versa

*"I hope funding continues because it would be a shame to lose all the progress the project has made."* Lynne Huggins, Radian.

## Fact file

- The local authority for the project area is the Royal Borough of Windsor and Maidenhead
- The WAM CCG team is NHS funded and based at King Edward VII Hospital, Windsor
- Locally residents are admitted to two main hospitals:
  - Wexham (Frimley North)
  - Frimley South, Farnborough
- The Royal Borough's total population was counted as 146,335 at the 2011 Census
- 1,000 of those residents live in sheltered housing managed through social housing landlords (housing associations)
- Those with the largest number of units of sheltered accommodation are: Radian (420); Housing Solutions; Hanover (103); Anchor Trust (42); A2 Dominion (46)
- Radian has 10 staff dedicated to 14 sheltered housing schemes providing homes for 420 sheltered people
- Housing Solutions has four staff dedicated to nine sheltered housing schemes looking after 250 people
- The demographics of WAM CCG are above the national age average with a projected trend for those aged 65+ to increase by 23% by 2020
- In its ageing population the average age of social housing tenants is 76 – with 20% over 90
- WAM has 47 care homes – the most per population size in England
- A new GP visiting service to local care homes was launched in October 2015 funded by the Prime Minister's Challenge Fund. More on the project at:  
[www.windsorascotmaidenheadccg.nhs.uk/new-gp-service-launched-for-local-care-homes/](http://www.windsorascotmaidenheadccg.nhs.uk/new-gp-service-launched-for-local-care-homes/)

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### **Sharing lessons learned**

- Start small and build on successes
- Develop conversations – open doors
- Back up assumptions with facts
- Communicate and educate consistently and constantly
- If something doesn’t work, try another angle
- Promote good practice
- Just do it!

And finally, a copy of Caroline’s presentation, ‘**Building Healthy Communities across WAM: Just Do It Approach**’, can be found at:

[www.housinglin.org.uk/Events/ArchivedEvents/ArchivedHousingEventDetail/?eventID=849](http://www.housinglin.org.uk/Events/ArchivedEvents/ArchivedHousingEventDetail/?eventID=849)

### **Note**

The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network.

### **Acknowledgement**

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## **About the Housing LIN**

The Housing LIN is the leading 'learning lab' for a growing network of housing, health and social care professionals in England and Wales involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing LIN is called upon by a wide range of statutory and other organisations to provide expert advice and support regarding the implementation of policy and good practice in the field of housing, care and support services.

To access the Housing LIN's comprehensive list of online health and housing resources, visit the 'Health Intel' pages at: [www.housinglin.org.uk/Topics/browse/HealthandHousing/](http://www.housinglin.org.uk/Topics/browse/HealthandHousing/)

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